

## 2017 STATE DERA PROGRAM APPLICATION

Complete all sections of this form. Refer to the 2017 Invitation to Participate and [EPA FY17 Grant Program Information Guide](#). Provide a separate form for each project proposed. All proposals must be received by the **deadline of Monday, November 27, 2017** to be considered. Proposals should be submitted with the subject line '2017 DERA State Grant' to the attention of Allison Callahan at the Rhode Island Department of Environmental Management – Office of Air Resources via e-mail at [Allison.Callahan@dem.ri.gov](mailto:Allison.Callahan@dem.ri.gov).

### PART 1: APPLICANT INFORMATION

#### AUTHORIZED OFFICIAL:

The person signing this application

Name:

Title:

Mailing address:

Physical address:

Main Phone Number:

Secondary Number:

Fax Number:

Email Address:

#### DESIGNATED PROJECT REPRESENTATIVE:

The applicant or an employee of the applicant who will serve as the contact and will be responsible for receiving and submitting the funding participant agreement documents, including annual usage reports.

 Same as authorized

Name:

Title:

Mailing address:

Physical address:

Main Phone Number:

Secondary Number:

Fax Number:

Email Address:

#### FINANCIAL OFFICER (IF APPLICABLE)

 Same as authorized

Name:

Title:

Mailing address:

Physical address:

Main Phone Number:

Secondary Number:

Fax Number:

Email Address:

#### DESIGNATED LOCATION FOR RECORDS ACCESS AND REVIEW BY RIDEM OR ITS REPRESENTATIVE

Physical Address:

Phone:

City:

State:

ZIP Code:

Have you or your organization previously submitted a proposal for DERA funding?

 Yes     No     Unsure
Check box if you are submitting additional proposals for this incentive program.  Yes List # of proposals \_\_\_\_

## PART 2: PROJECT DESCRIPTION

This funding must be used for clean diesel projects. Please identify the category for which your project would qualify, check only one.

<b>SELECT PROJECT TYPE:</b>	DERA Funding Limits	Minimum mandatory cost-share ( <b>Fleet owner contribution</b> )
<input type="checkbox"/> Diesel Exhaust Control Retrofit	100%	0%
<input type="checkbox"/> Diesel Engine Upgrade/Remanufacture	40%	60%
<input type="checkbox"/> Diesel Highway Idle Reduction	25%	75%
<input type="checkbox"/> Diesel Locomotive Idle Reduction	40%	60%
<input type="checkbox"/> Marine Shore Power	25%	75%
<input type="checkbox"/> Electrified Parking Space (For truck integration)	30%	70%
<input type="checkbox"/> Diesel Engine Replacement – Newer Diesel or Alternative Fuel	40%	60%
<input type="checkbox"/> Diesel Engine Replacement – Low NOx	50%	50%
<input type="checkbox"/> Diesel Engine Replacement – All-Electric	60%	40%
<input type="checkbox"/> Diesel Vehicle/Equipment Replacement – Newer Diesel or Alternative Fuel	25%	75%
<input type="checkbox"/> Diesel Vehicle/Equipment Replacement – Low NOx	35%	65%
<input type="checkbox"/> Diesel Vehicle/Equipment Replacement – All-Electric	45%	55%

*For Engine/Vehicle Replacement Projects:* Projects that would have occurred through normal attrition are considered to be the result of normal fleet turnover and are not eligible for funding under this program. (For example, if a heavy duty DPW Mack Truck fleet vehicle typically retires vehicles after 20 years, a truck that is in its 18<sup>th</sup> or 19<sup>th</sup> year of service is not eligible for replacement).  
A copy of the owner’s schedule for vehicle replacement is attached to confirm that the vehicle to be replaced is eligible for the program. Yes

### PROJECT SUMMARY

Insert a brief paragraph that summarizes the proposed project. Please describe the number, type and typical use, and ownership of vehicles, engines, and/or equipment targeted for emission reductions. (e.g. Two DPW owned dump trucks that travel # of miles/day and operate # hours/year will be replaced with vehicle and/or technology defined in the [Program Guide](#).)

Also complete the request information on the diesel vehicle/engine to be replaced/upgrades in this proposed project and provide a timeline in the forms below.

Truck Class or Equipment	Engine Make	Engine Model	Engine Model Year	Horsepower	Current Fuel Type	Amount of Fuel Used Annually	Annual Idling Hours	Annual Miles or Hours

### DURATION OF PROJECT REQUESTED

Approximately how much time is needed to complete implementation of your project?

### **PART 3: ESTIMATED PROJECT FINANCIALS**

Understand there is a mandatory cost-share component to this grant and commitment.

Estimated Project Cost:	
Estimated Total Amount of Grant Funding Requested:	
How will your entity pay for the required local match? (e.g. cash on-hand, loans, financing, etc)	
<input type="checkbox"/> Yes, approval was granted (by finance office, etc) that the minimum mandatory cost-share will be met by above agency/organization?	

### **PART 4: ADDITIONAL INFORMATION**

Information provided here will be used in the application review process. Projects will be prioritized based on the degree to which they meet the criteria, such as but not limited to: if vehicle operates in areas that receive disproportionate quality of pollution from diesel fleets; location in an environmental justice community; and inclusion of motor vehicle anti-idling education and outreach programs.

How will this project benefit the community? How will this project foster community engagement and partnership? Do you have an anti-idling education program?

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### **PART 5: SIGNATURE**

I hereby affirm, under penalty of law, that the information provided here is true and correct to the best of my knowledge.

Signature of applicant:	Date:
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